Attorney Docket No.: 704117.4002

DECLARATION

		DEOLA	TOTAL TOTAL			
As a below named inventor, I	hereb	y declare that:		·		
This declaration is of the follo	wing t	уре:				
X original design supplementa national stag		CT	division continu continu	•••		
My residence, post office add	ress a	and citizenship are	as stated b	elow next to my nan	ne.	
I believe I am the original, fir joint inventor (if plural names is sought on the invention specification of which	are li	sted below) of the	subject ma	itter which is claimed	d and for whi	ich a paten
(b) X was Serial No. <u>10</u> (c) ☐ was	filed o /687,8 descri	bed and claimed	ded on in PCT Int	ernational Application	if applica on No	ible
I hereby state that I have i including the claims, as amen	eview	ed and understar y any amendment(d the cons) referred	tents of the above- to above.	identified sp	pecification
I acknowledge the duty to di accordance with Title 37, applications, material informa the filing date of the national of	Code tion w	of Federal Reg hich became availa	ulations, § able betwe	1.56, including for the filing date of the filing date of the filing date of the filing date of the filing date.	or continuat	ion-in-part
I hereby claim foreign priority patent, inventor's or plant bre designated at least one couldentified below, by check the certificate(s) or any PCT interpriority is claimed.	eder's intry d e box	rights certificate(s other than the Un , any foreign appl), or 365(a ited States ication for) of any PCT interna s of America, listed patent, inventor's o	itional applic below and r plant bree	ation which have also der's rights
		plications have becation have been fil		ws:		
Prior Foreign Application Number(s)	Count	ry	Date of F	ling	Priority Cla Yes	no No
hereby claim the benefit unapplication(s) listed below.	nder 1	Fitle 35, United St	ates Code	§119(e) of any Un	nited States	provisiona
Application Number(s)	Filing	g Date		·		
None I hereby claims the benefit unast the subject matter of each application in the manner prodisclose material information affiling date of the prior application.	n of th ovided as def	ne claims of this a I by the first para ined in 37 CFR § '	ipplication graph of 3 1.56(a), red	is not disclosed in (35 USC § 112, I ac parding events which	the prior Un knowledge to courred b	ited States the duty to etween the
Application Serial No.		Filing Date		Status-patented, po		
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Attorney Docket No.: 704117,4002

Direct all correspondence to:

Customer No.

Orrick, Herrington & Sutcliffe LLP

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34313

Irvine, CA 2614-2558 Tel. (949) 567-6700 Fax. (949) 567-6710

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FIRST Name Richard	MIDDLE Initial S.	LAST Name Ginn Country of Citizenship United States	
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POST OFFICE ADDRESS		City	State or Country	Zip Code
NTOR'S SIGNATURE			Date:	
FULL NAME OF INVENTOR	FIRST Name	MIDDLE Initial	LAST Name	
RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship	
		City	State or Country	Zip Code
	INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS INTOR'S SIGNATURE FULL NAME OF INVENTOR RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS INTOR'S SIGNATURE FULL NAME OF INVENTOR	INVENTOR Richard RESIDENCE & City San Jose POST OFFICE 297 Marti Way INTOR'S SIGNATURE FULL NAME OF INVENTOR RESIDENCE & City CITIZENSHIP POST OFFICE ADDRESS INTOR'S SIGNATURE FULL NAME OF INVENTOR RESIDENCE & City CITIZENSHIP POST OFFICE ADDRESS INTOR'S SIGNATURE FULL NAME OF INVENTOR FIRST Name INVENTOR	RESIDENCE & City State or Foreign Country CA POST OFFICE ADDRESS FULL NAME OF INVENTOR RESIDENCE & City San Jose FULL NAME OF INVENTOR RESIDENCE & City State or Foreign Country Can Jose MIDDLE Initial State or Foreign Country Can Jose MIDDLE Initial State or Foreign Country City City State or Foreign Country City City City MIDDLE Initial City City State or Foreign Country City City MIDDLE Initial MIDDLE Initial MIDDLE Initial MIDDLE Initial MIDDLE Initial MIDDLE Initial	INVENTOR Richard S. Ginn RESIDENCE & City San Jose CA United States POST OFFICE 297 Marti Way City San Jose NTOR'S SIGNATURE FULL NAME OF INVENTOR RESIDENCE & City State or Country CA MIDDLE Initial LAST Name INVENTOR RESIDENCE & City State or Foreign Country Country of Citiz CITIZENSHIP POST OFFICE ADDRESS MIDDLE Initial State or Country Country Country of Citiz City State or Foreign Country Country Candria State or Country Country Citiz City State or Foreign Country Country Country Citiz City State or Country Citiz City State or Country Citiz City State or Country Citiz City City State or Country Citiz City City State or Country Citiz City City City City City City City City



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POWER OF ATTORNEY BY ASSIGNEE

ENSURE MEDICAL, INC. assignee of the application for United States and International Letters Patent for an improvement in:

LOCATOR AND CLOSURE DEVICE AND METHOD OF USE the specification of which: (a) is attached hereto OR (b) was filed on October 17, 2003 as United States Application Serial No. 10/687,848 and was amended on _ if applicable was described and claimed in PCT International Application No. (c) filed on _and was amended on ____ __ (if applicable). does hereby appoint as its attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefore before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 34313. Direct all correspondence to: Customer No. Orrick, Herrington & Sutcliffe LLP Attn: James W. Geriak 34313 4 Park Plaza, Suite 1600 Irvine, CA 2614-2558 Tel. (949) 567-6700 Fax. (949) 567-6710 I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which: X is filed for recordation herewith; or was recorded at Reel ____, Frame _ has been sent for recordation under separate cover, copy attached herewith. The undersigned, whose title is supplied below, is empowered to act on behalf of the assignee. I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001. Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. Full Name of Assignee: ENSURE MEDICAL, INC. Post Office Address 762/San Aleso Ave., Sunnyvale, CA 94085 Signature of Declarant of Assignee: Date: Full Name of Declarant If Other Than Assignee: `Richard Ginn

Title of Declarant: